

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932650	(X3) DATE SURVEY COMPLETED 06/05/2017
NAME OF PROVIDER OR SUPPLIER SUNNILAND ASSISTED LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4234 SUNNILAND STREET SARASOTA, FL 34233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR# 2017003258 was conducted on 6/5/17 at Sunniland, an assisted living facility (license #8267) located in Sarasota, Florida. The complaint contained 1 allegation, which was unsubstantiated.		